PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

06932105006

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
T	OTAL CLAIMS	3	25					RATE	T FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ĺ.	BASIC FE	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			25 minus 20=		. 5			X\$ 9=		OR	X\$18=	90
INDEPENDENT CLAIMS			У п	ninus 3 =	- ,			X43=	 	1	X86=	36
ML	JLTIPLE DEPE	NDENT CLAIM P	PRESENT		L	П		740-	 	OR		36
* If the difference in column 1 is less than zero					"0" in:	column 2	'	+145=	ļ	OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	446
	C	Column 1)	MENDED - PART II (Column 2			(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
	(COIDMIT 1)		T	HIGHE		(COID/III 3)	1 r			7 [400
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	girds.		=		X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***		=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA					CLAIM		!	+145=		OR	+290=	
							L	TOTAL	<u> </u>	וייין		
									ł	OR ,	TOTAL ADDIT. FEE	
							A	DDIT. FEE		_ ′	AUDII. FEET	·
		(Column 1)		(Colum		(Column 3)						
3		CLAIMS		HIGHE			ΙГ		ADDI-	7 [ADDI-
8		REMAINING AFTER	İ	NUMBER		PRESENT		RATE	TIONAL	1 1	RATE	TIONAL
z		AMENDMENT		PAID F		EXTRA			FEE	1 1	10112	FEE
AMENDMENT	Total	*	Minus	**	<u> </u>	=		X\$ 9=	166	OR	X\$18=	
MEN	Independent	*	Minus	***		=		X43=		OR	X86=	
۹	FIRST PRESE	NTATION OF ML	JLTIPLE DEF	PENDENT	CLAIM		ŀ⊬		·	IOW F		
				·•	•			+145=		OR	+290=	•
							 . AI	TOTAL DDIT. FEE		OR A	TOTAL DDIT. FEE	•
(Column 1) (Column 2) (Column 3)									•			
\Box	`	CLAIMS		HIGHE		PRESENT			ADDI-) F	 -	ADDI-
ပ		REMAINING	,	NUMB				RATE	TIONAL	1	RATE	TIONAL
z	· [AFTER AMENDMENT		PREVIOU PAID FO		EXTRA		MAIE			TALE	
Ĭ				TAIDTY	77.		-		FEE .	· -		FEE
Z ŀ	Total		Minus	44		=	L	X\$ 9=		OR	X\$18=	
N N	Independent + Minu FIRST PRESENTATION OF MULTIP		Minus			=		X43=		OR	X86=	
	ingi rhesel	TATION OF MO	LIFLE UEF	CIADCIAL (+145=		OR	+290=	
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									L	TOTAL	
							AD	DIT. FEE		~'' A	DDIT. FEE L	
***If the *Highest Number Previously Paid For* IN THIS SPACE is less than 3, enter *3.* The *Highest Number Previously Paid For* (Total or Independent) is the highest number found in the appropriate box in column 1.												